

**Original – Ecology, 1<sup>st</sup> copy – owner, 2<sup>nd</sup> copy – driller**

## ○ Construction

○ Decommission *ORIGINAL INSTALLATION* Notice  
of Intent Number

## CURRENT

Notice of Intent No. \_\_\_\_\_

Unique Ecology Well ID Tag No. \_\_\_\_\_

Water Right Permit No. \_\_\_\_\_

Property Owner Name

Well Street Address

City \_\_\_\_\_ County \_\_\_\_\_

Location 1/4-1/4 1/4 Sec      Twn      R      EWM  
or  
WWM circle  
one

Lat/Long (s, t, r      Lat Deg      Lat Min/Sec \_\_\_\_\_

still REQUIRED )      Long Deg      Long Min/Sec

Tax Parcel No.

Formation: Describe by color, character, size of material and structure, and the kind and nature of the material in each stratum penetrated, with at least one entry for each change of information indicate all water encountered. (USE ADDITIONAL SHEETS IF NECESSARY.)

Start Date	Completed Date
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☐ Driller ☐ Engineer ☐ Trainee Name (Print) \_\_\_\_\_

Driller/Engineer/Trainee Signature \_\_\_\_\_

Driller or trainee License No. \_\_\_\_\_

**If trainee, licensed driller's** \_\_\_\_\_  
**Signature and License no.** \_\_\_\_\_

Drilling Company \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip

Contractor's \_\_\_\_\_

Registration No. \_\_\_\_\_ Date \_\_\_\_\_

Ecology is an Equal Opportunity Employer.

# WATER WELL/DEWATERING SYSTEM CONSTRUCTION PROCESS

After a well is constructed, re-constructed or decommissioned, a well report must be filed within 30 days to the Department of Ecology. Well reports are filled out by the person who constructed the well. This is typically a Washington State licensed well operator.

The following form is used for ***water wells and dewatering systems only***. Below are the instructions for filling out a Water Well Report. After the Water Well Report form has been printed and filled out, it should be mailed to your Department of Ecology Regional Office.

## INSTRUCTIONS (Fill in all fields, unless noted)

1. **Current Notice of Intent No.** – The number issued by the Department of Ecology for tracking purposes (e.g., W123456). Should start with a W, A or D for this form.
2. **Unique Ecology Well ID Tag No.** – The number issued by the Department of Ecology that is stamped on a metal tag that is attached to the actual well. (e.g., AAA-000)
3. **Water Right Permit No.** – If the well will use more than 5,000 gallons per day or irrigate more than ½ acre of land, you must have a water right permit. This number should be written here.
4. **Property Owner Name** – The name of the property owner.
5. **Well Street Address** – The physical address where the well is located. (Note: NOT the mailing address.)
6. **City** – City where the well is located.
7. **County** – County where the well is located.
8. **Location** – The ¼, ¼, section, township and range of the well. This location information can be found from a title/deed or the county assessor's office. Many maps show this information. (e.g., NE1/4, NE1/4, S10, T20N, R05E/W)
9. **Lat/Long** – Using a GIS, you may enter the latitude and longitude of the well. Please use minutes and seconds. *Note: This is NOT a required field.*
10. **Tax Parcel No.** – The tax parcel number of the property issued by the county. *NOTE: This is NOT a required field.*
11. **Construction/Decommission** – This form is used for BOTH construction and decommissioning of a well. Please check the appropriate box. For decommissioning – enter the original construction Notice of Intent No. here (if available).
12. **Proposed Use** – Self explanatory. Check appropriate box.
13. **Type of Work** – Self explanatory. Check appropriate box.
14. **Dimensions** – Diameter of well and total depth drilled. Depth of completed well may be different from total depth drilled.
15. **Construction Details** – Self explanatory. Fill in all appropriate blanks.
16. **Perforations** – Read each statement and answer appropriately. *NOTE: This may not be a required field.*
17. **Screens** – Read each statement and answer appropriately. *NOTE: This may not be a required field.*
18. **Gravel/Filter Packed** – Read each statement and answer appropriately.
19. **Surface Seal** – Read each statement and answer accurately.
20. **Pump** – Self explanatory. *NOTE: This may not be a required field.*
21. **Water Levels** – Land surface elevation should be measured from where the casing meets the ground. Fill in all other blanks appropriately.

22. **Well Tests** –Every well shall be test pumped to show yield and drawdown prior to the well being placed into service. The test shall be consistent with the requirements of WAC 173-160-321. For permitted wells, information regarding the yield in gallons per minute, feet of drawdown, duration in hours, recovery data, and date is required. For exempt wells, provide the test date, and complete the information under one of the following categories: "Bailer test"; "Airtest"; or if a pump is used, complete the information regarding the yield in gallons per minute, feet of drawdown, duration in hours, and recovery data. Wells under flowing artesian condition must have the flow information and date sections completed. Provide temperature information and indicate if a chemical analysis was made.
23. **Construction or Decommission Procedure** – Detailed information on the construction of the well including depth and type of soil formation. Please be as specific as possible.
24. **Start Date** – Starting date the well was construction or decommissioned.
25. **Completed Date** – The date the construction or decommissioning of well was completed.
26. **Name** – Self explanatory. Check appropriate box. Please print.
27. **Driller/Engineer/Trainee Signature** – Self explanatory.
28. **Driller or Trainee License No.** – Self explanatory.
29. **If trainee, Licensed Drillers' Signature** – Self explanatory.
30. **License No.** – Self explanatory.
31. **Drilling Company** – Self explanatory. Please print.
32. **Address** – Mailing address of company.
33. **City, State, Zip** – Mailing address of company.
34. **Contractor's Registration No.** – Number issued by the WA State Dept of Labor and Industries. This is not a Department of Ecology issued number.
35. **Date** – Date this form was signed.